

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62345

1. Entity Name

BLUE MOON CHARTER CO.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90062 017 \*\*\*150.00

Principal Place of Business

Mailing Address

1111 LOVE ST  
JUPITER FL 33477  
US

BOX 1173  
JUPITER FL 33468-1173  
US

2. Principal Place of Business

3. Mailing Address

1095 N. Highway A1A  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER FLA-

JUPITER FLA-

Zip  
33477

Country  
USA-

Zip

Country

4. FEI Number 65-0355749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERNHEUSER, ROBERT N JR.  
1116 LOVE ST  
JUPITER FL 33468

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D GERNHEUSER, ROBERT N  
1116 LOVE ST  
JUPITER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D KIMBALL, RALPH  
36 TRADEWINDS CIRCLE  
TEQUESTA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #